

DEPARTMENT OF HEALTH HEALTH REGULATION AND LICENSING ADMINISTRATION RADIATION PROTECTION

899 North Capitol Street, NE, 2nd Floor

WASHINGTON, DC 20002

REGISTRATION OF RADIATION PRODUCING MACHINES

This form properly completed and filed with the Department of Health, Radiation Protection Office constitutes an application for registration of radiation producing machines. When certified by the Director, Department of Health or the Director's designee, a registration certification will be sent to the registrant and should be retained on file as verification of registration. The registrant shall notify the Director or the designee within thirty (30) days of any change that renders information inaccurate.

Please read instructions before completing this form. Answer applicable questions only. Use additional sheets if necessary. RESPONSIBLE OPERATOR Ĭ Check appropriate box: [] Physician [] Dentist [] Podiatrist [] Chiropractor [] Veterinarian Other Specify_ Owner-Name Certificate Number (If applicable) Address Number Street City State Zip Code Name of Facility Address of Facility (Number and Street in D.C. only) Person Responsible for Radiation Safety Contact Number RADIATION PRODUCING EQUIPMENT-List Requested Information On Each Machine. II. ROOM (a) MODEL AND/OR SERIAL NUMBER (b) (c) Max mfr* Type* Purpose KVp X-ray tube unit Generator * The following codes should be used in the above table. MANUFACTURE TYPE OF SOURCE PURPOSE* General Electric Radiographic Human Use-Diagnostic Human Use-Therapeutic Picker Fluoroscopic 2. 2. Westinghouse Animal use 3. 3. Dental Research-Educational 4. Siemens 4. Therapy 4. Other (Specify here) Photofluorographic 5. 5. Industrial Teletherapy (Give isotope) and 6. Not on use 6. Other (Specify here) Other (Specify here) CERTIFICATION - PLEASE SIGN BELOW III. (Signature of Owner or Person-in-Charge) (Printed or Typed Name of Signer)